

Emergency Medical Instructions

Emergency Medical Education and Sign-up

EMES

WALLET CARD



www.nasck.org

888-243-8721

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EMERGENCY MEDICAL AND POST-MORTEM INSTRUCTIONS

I (print name) _____ have executed a

- Agudath Israel of America "Halachic Medical Directive"
- Rabbinical Council of America "Halachic Health Care Proxy"
- Health Care Proxy / Living Will
- US Living Will Registry® Reg.# _____
- None of the above.

Based on my religious and moral beliefs, I hereby direct that pending contact with my agent and/or Rabbi (designated below), health care providers immediately undertake all life-sustaining and emergency measures on my behalf. I further direct that in the event of my death, my agent shall be responsible for the disposition of my remains. I object to and direct that no autopsy, dissection or any post-mortem procedures be performed on my body (unless I have directed otherwise in a written instrument). I also object to cremation of my body.

Signature: _____

Executed in: (County, State) _____ Date: _____

Agent: (print) _____
Office: _____ Home: _____
Cell: _____
Email: _____

Alternate Agent: (print) _____
Office: _____ Home: _____
Cell: _____
Email: _____

Rabbi: (print) _____
Office: _____ Home: _____
Cell: _____
Email: _____

DECLARATION OF WITNESSES

We the undersigned declare, under penalty of perjury, that the person who has issued these "Emergency Instructions" is personally known to each of us and signed this document in our presence while appearing to be of sound mind and acting willingly and free from duress. Neither of us is appointed as an agent by this document.

Witnesses:

Witness 1: (sign) _____ Date: _____

Name of Witness 1: (print) _____

Residing at: _____

Witness 2: (sign) _____ Date: _____

Name of Witness 1: (print) _____

Residing at: _____